CRIMINAL BACKGROUND CHECK VERIFICATION

This is to be completed by a Law Enforcement Officer of the Law Enforcement Agency having jurisdiction over the location where the applicant intends to do business. A separate criminal background check verification form must be completed and submitted for each owner, director, principal officer and employee. This form may be duplicated. (Note to Law Enforcement Agency: the results of the criminal background check shall be provided to the South Carolina Department of Consumer Affairs pursuant to S.C. Code Section 40-39-20 at 2221 Devine Street, Suite 200, Columbia, SC 29205 or P.O. Box 5757, Columbia, SC 29250)

On	day of		, 20, I	
	•		, 20, I (Law Enforcem	nent Officer)
conducted	a criminal background cl	heck of:		
		(Applicant)		_
of			and received a photo	copy of the
	(name of business)			
	plication for the Pawnbro he person identified above		of Authority or Owner/Employe	ee Information
I SWEAR	or AFFIRM that all info	rmation contain	ed herein is true and correct.	
	AND SUBSCRIBED to b			
this	day of	_ 20	Signature of Law Enforcemen	t Officer
Notary Public for South Carolina My Commission Expires:			Print Name of Law Enforcement	ent Officer
			Law Enforcement Agency	
			Address (include zip)	
			Telephone Number	